

KING COUNTY DEPARTMENT OF COMMUNITY AND HUMAN SERVICES
DEVELOPMENTAL DISABILITIES DIVISION

KING COUNTY EARLY INTERVENTION SERVICE PLAN
For October 1, 2006 to September 30, 2009

Approved by the King County Board for Developmental Disabilities: _____

Section I. Introduction

A. Purpose of the Plan

The King County Early Intervention Service Plan (the “EI Plan”) will guide County funded services for children ages birth to three who have a developmental delay or disability, and their families. The Plan describes the current early intervention service system and system issues, identifies gaps in services, and establishes goals and strategies the County will take to address issues and gaps.

The EI Plan meets a State contract requirement. Washington State annually applies for and receives federal funding for early intervention services¹. The funding is provided by the United States Department of Education under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), Part C – Infants and Toddlers with Disabilities² and related regulations³. The Washington State Department of Social and Health Services, Aging and Disability Services Administration, Infant Toddler Early Intervention Program (“ITEIP”) administers these federal funds.

ITEIP provides Part C funds under contracts with counties and other organizations throughout the State that are designated as local lead agencies for specific geographic areas. ITEIP requires each local lead agency to coordinate a local early intervention service system that meets the standards set forth in the State’s application for Part C funds. The contract also requires each local lead agency to implement, maintain and monitor a three year local early intervention service plan.

B. The Early Intervention Plan and the King County Plan for Developmental Disabilities Services

The EI Plan augments the King County Plan for Developmental Disabilities Services for July 1, 2005 through June 30, 2009 (the “Four Year Plan”), which was approved by the King County Board for Developmental Disabilities on June 15, 2005. The Four Year Plan includes the mission, vision and core values that guide all activities of the King County Developmental Disabilities Division (“KCDDD”) including early intervention services. Chapter 3 of the Four Year Plan includes a description of the early intervention system in King County which is

¹ Washington State’s Federally Approved Plan, Federal Fiscal Year 2006, available online at: <http://www1.dshs.wa.gov/iteip/FedAppPolicies.html>.

² PL 108-446, sections 631 through 644, 118 Stat. 2744, codified at 20 USC 1431 through 1444.

³ 34 CFR 303.

superseded by the information in this EI Plan. The Four Year Plan also establishes goals, objectives and strategies which are amended by this EI Plan.

C. How the Plan is Organized

Section II provides an overview of early intervention services in King County including information about the children and families served by King County's early intervention system, King County's local lead agency responsibilities, the agencies that contract with the County to provide early intervention services, gaps in the service system and King County's self-assessment of the system.

Section III describes coordination with other agencies serving children ages birth to three and their families and identifies coordination issues.

Section IV describes public awareness efforts, also known as Child Find, and identifies public awareness issues.

Section V describes evaluation and assessment processes and identifies evaluation and assessment issues.

Section VI describes Family Resources Coordination (FRC) and identifies FRC issues.

Section VII describes how early intervention services are provided in home and community settings and identifies issues.

Section VIII identifies goals, objectives and strategies for addressing system issues and gaps.

Section II. Overview of Early Intervention Services in King County

A. Families with children ages birth to three

There are an estimated 67,168 children ages birth to three in King County (See Table 1). It is not possible to determine with any accuracy the number of children ages birth to three in King County who have a developmental delay or disability. This is because there are no national, state or county registries or reporting systems.

Table 1: King County Births 2002-2004

	2002	2003	2004	3 yr total
Total No. of Births (to residents of King County)	21,863	22,431	22,874	67,168

Source: Washington State Department of Health, Center for Health Statistics, Birth Data, Natality Table D7 Birth Weight in Grams by County of Residence available online at http://www.doh.wa.gov/ehsphi/chs/chs-data/birth/bir_VD.htm. As of August 2006, the most recent year for which birth data are available is 2004.

The King County Early Intervention System served 1,767 unduplicated children ages birth to three in 2005. This represents 2.6% of the County's estimated birth to three population (See Table 2).

Table 2: Total No. of Children Served by the King County Early Intervention System Per Year

	1/1/03 – 12/31/03	1/1/04 – 12/31/04	1/1/05 – 12/31/05	First Half 2006 1/1/06 – 6/30/06
Total no. of children served (active IFSPs)	1431	1446	1767	1382
Percent of King County children ages 0-3	2.1%	2.2%	2.6%	2.1%

Source: ITEIP Data Management System; Total number of King County children birth to three is 67,168 per Table 1.

The County's day in time count of children receiving early intervention services was 917 on December 1, 2005 and 918 on June 30, 2006. These counts represent 1.4% of the County's total birth to three population (See Table 3).

Table 3: Total No. of Children Served by the King County Early Intervention System by Day in Time

	12/01/2003	12/01/2004	12/01/2005	First Half 2006 6/30/2006
Children ages 0-1	75	76	67	83
Children ages 1-2	256	263	299	270
Children ages 2-3	417	510	551	557
TOTAL	743	849	917	910
Percent of King County children ages 0-3	1.1%	1.3%	1.4%	1.4%

Source: ITEIP Data Management System; Total number of King County children birth to three is 67,168 per Table 1.

Washington State's Part C State Performance Plan for 2005-2010 indicates that the State's Part C system is serving 3.1% of the State's total birth to three population. The number of birth to three children served on a day in time is 1.68% of the State's total birth to three population⁴. The State Performance Plan establishes a target of serving 1.8% of children birth to three in Federal fiscal year 2006-07 and 1.9% in 2007-08 (based on December 1 day in time count)⁵.

The children and families receiving early intervention services reflect the diversity of the County's population. Comparing the race and ethnicity data of King County early intervention participants in Table 4 below with 2004 race and ethnicity data for the County population in Tables 5 and 6 below indicates that there is a higher proportion of children who are Latino or multi-racial receiving early intervention services than there are in the County's overall population. Children who are White Non-Hispanic appear to be underrepresented.

⁴ Washington Part C State Performance Plan for 2005-2010, pp. 30-31, available on line at: <http://www1.dshs.wa.gov/word/adsa/iteip/SPP05-10.doc>.

⁵ Washington Part C State Performance Plan for 2005-2010, p. 30.

Table 4: Race and Ethnicity of Children Served by the King County Early Intervention System by Day in Time

	12/01/2003	%	12/01/2004	%	12/01/2005	%	First Half 2006 6/30/2006	%
Native American	8	1.1%	6	.7%	7	.7%	12	1.3%
Asian/Pacific Islander	72	9.7%	81	9.5%	114	13.2%	109	12.0%
African American	47	6.3%	57	6.7%	61	6.5%	61	6.7%
Hispanic	82	11%	111	13.1%	106	12.5%	118	13.0%
White (non-Hispanic)	448	60%	502	59.1%	518	52.9%	494	54.3%
Other	72	9.7%	21	2.5%	10	.2%	0	0.0%
Multi-Racial	17	2.2%	63	7.4%	87	10%	82	9.0%
Does not wish to provide	0	0.0%	8	1%	22	4%	34	3.7%
TOTAL	746	100.0%	849	100.0%	925	100.0%	910	100.0%

Source: ITEIP Data Management System

Table 5: King County Population by Race 2004

	2004 King County Population	%
White	1,286,848	74.0%
Black or African-American	104,482	6.0%
American Indian and Alaska Native	12,896	.7%
Asian	222,891	12.8%
Native Hawaiian and other Pacific Islander	10,599	.6%
Other	39,884	2.3%
Multi-Racial	61,296	3.5%
TOTAL	1,738,896	100.0%

Source: Table B02001. Race - Universe: Total Population, 2004 American Community Survey, US Census Bureau.

Table 6: King County Population by Hispanic or Latino Origin 2004

	2004 King County Population	%
Hispanic or Latino	113,120	6.5%
Not Hispanic or Latino	1,625,776	93.5%
<i>White (Not Hispanic or Latino)</i>	<i>1,229,757</i>	<i>75.6%</i>

Source: Table B03002. Hispanic or Latino Origin by Race - Universe: Total Population, 2004 American Community Survey, US Census Bureau.

B. King County's Role as Local Lead Agency

King County is the local lead agency for Part C early intervention services in King County except for the northeast portion of the County where the Skykomish School District is located. Snohomish County is the local lead agency for early intervention services in the Skykomish School District. The rural communities in the Skykomish School District are connected by road to Snohomish County. It is therefore more convenient for families in that area to access early intervention services in Snohomish County.

King County's local lead agency responsibilities are carried out by KCDDD which is part of the County's Department of Community and Human Services. Ongoing local lead agency responsibilities include:

- Design, implement and maintain a countywide early intervention system that provides services in accordance with the State's Federally Approved Plan, and federal laws and regulations;
- Maintain and monitor subcontract agreements to ensure appropriate early intervention services are provided by qualified personnel in natural environments to the maximum extent appropriate to meet the needs of the child and that IDEA Part C funds are used as payer of last resort;
- Provide training for all FRCs;
- Ensure public awareness activities are carried out and document the distribution of public awareness materials;
- Maintain a County Interagency Coordinating Council ("CICC") to advise and assist the county in managing the early intervention system, identifying sources of financial support, updating the EI Plan, and seeking information from families, providers and others about issues that affect service delivery and strategies for improvement; and
- Report on performance compared to targets established in Washington's Part C State Performance Plan for 2005-2010.

C. Early Intervention Providers

KCDDD subcontracts with the following public and nonprofit agencies to provide early intervention services:

Birth to Three Developmental Center, Federal Way
 Boyer Children's Clinic, Seattle
 Childhaven, Seattle
 Children's Hospital & Regional Medical Center, Seattle
 Children's Therapy Center, Kent
 Encompass, North Bend
 The Hearing, Speech and Deafness Center, Seattle

Kindering Center, Bellevue
 Listen and Talk: Education for Children with Hearing Loss, Bothell
 Northwest Center, Seattle
 University of Washington – Experimental Education Unit, Seattle
 Vashon Island School District, Vashon Island
 Wonderland Developmental Center, Shoreline

Provider responsibilities are defined in an annual County subcontract and include screening, evaluation to determine eligibility, working with each family to develop an Individual Family Service Plan (“IFSP”), ongoing assessment and provision of services needed to meet the outcomes identified in each child’s IFSP⁶. Part C services include:

- Assistive technology devices and assistive technology services
- Audiology (hearing)
- Early Identification, screening, and assessments services
- Family Resources Coordination
- Family training, counseling, and home visits
- Health services
- Medical services only for diagnostic or evaluation purposes
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Social work services
- Special instruction
- Speech-language pathology
- Transportation and related costs necessary to enable a child and family to receive early intervention services
- Vision services

In addition, KCDDD subcontracts with the Washington Health Foundation – Community Health Access Program (CHAP) in Seattle to serve as the central point of contact, the Lead FRC and independent FRC services. KCDDD also subcontracts with the Arc of King County for the ethic outreach team to support diverse communities and Child Care Resources for child care provider training.

The King County early intervention system has responded to the growth in the number of children receiving early intervention services without substantial increases in funding from the State DDD or Part C funding. In 2006, KCDDD contracts provide agencies, for each child served, \$110 per month in Part C funds and \$192 per month in State DDD Child Development Service funds.

⁶ For a description of the IFSP see the Four Year Plan, pp. 16-17.

Agencies can receive funding for eligible children from partner school districts. The amount available from the Office of the Superintendent of Public Instruction (“OSPI”) varies based on a standard formula, but is approximately \$400 per child per month. Of this amount, school districts pass on to the early intervention system approximately \$350 to \$385 per month per child for 10 months. In accordance with State legislation passed in March 2006, school districts will be required as of September 1, 2009 to partner with local lead agencies to provide or contract for early intervention services for all eligible children ages birth to three⁷.

In addition to public funds, providers routinely use private insurance and Medicaid and allocate unrestricted funds for early intervention from fundraising efforts such as United Way contributions, auctions, dinners, and golf tournaments.

D. Gaps in the Early Intervention Service System

King County DDD has identified the following gaps in the early intervention service system:

1) Availability of Mental Health Specialists with Early Childhood Expertise

King County’s early intervention providers need access to specialists who have expertise in both mental health and early childhood development. Infant mental health has been defined as:

“... the developing capacity of the child from birth to age three to: experience, regulate and express emotions; form close and secure interpersonal relationships, and explore the environment and learn—all in the context of family, community and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development.”⁸

Research compiled by the Zero to Three Policy Center shows⁹:

- The emotional, social and behavioral competence of young children is a strong predictor of academic performance in elementary school.
- Infants and toddlers can have serious psychiatric disorders such as depression, attachment disorders, and traumatic stress disorders.
- Early mental health disorders may be reflected in physical symptoms (poor weight gain, slow growth, constipation), overall delayed development, inconsolable crying, sleep problems or, in toddlers, aggressive or impulsive behavior.
- Some early mental health disorders may resemble emotional conditions of later life, including withdrawal, sleeplessness or lack of appetite due to depression, anxiety and traumatic stress reactions.

⁷ Washington State Laws of 2006, Ch. 269 codified at RCW 28A.155.070 and RCW 28A.155.

⁸ Zero to Three Policy Center Fact Sheet, Infant and Early Childhood Mental Health: Promoting Healthy Social and Emotional Development, May 18, 2004, p.1 available on line at: <http://www.zerotothree.org/imh/>.

⁹ Zero to Three Policy Center Fact Sheet, pp.3, 5-6.

Every child in King County's early intervention system is evaluated to determine the child's social/emotional functioning. Many providers have knowledge and expertise in social and emotional development but may not be trained to treat serious disorders. The IDEA Infant Toddler Coordinators Association recommends making available mental health consultation to early intervention teams in order to support their intervention with specific children and families, as well as to promote the capacity of providers to use appropriate approaches¹⁰.

2) Evaluation of Providers on State Performance Plan Outcomes

KCDDD currently monitors and evaluates providers on compliance with contract requirements. There is a new federal requirement that all states must report on child and family outcomes¹¹. KCDDD will work with ITEIP and providers on developing Washington State's implementation plan.

3) New Federal Requirement

The Individuals with Disabilities Education Improvement Act of 2004 requires early intervention services to be based on scientific research to the extent practicable¹². KCDDD as a local lead agency will work with ITEIP as this requirement is implemented.

The actions that KCDDD will take to address the above gaps are included in Section VIII.

E. King County's Self-Assessment

ITEIP's contract with county lead agencies requires the county and the CICC to conduct a self-assessment prior to developing a new local early intervention service plan. King County's self-assessment includes:

- Conducting a survey of local early intervention providers (See Appendix A for results of King County's June 2006 Provider Survey);
- Conducting a survey of families who are receiving early intervention services (See Appendix B for results of King County's 2006 family survey);
- Conducting focus groups between July 2005 and January 2006 (See Report on the Early Intervention Services Focus Groups);
- Reviewing of reports from the ITEIP data management system; and
- Monitoring of subcontractor contract compliance.

KCDDD has identified issues in the following areas:

Coordination with other agencies serving children ages birth to three (See Section III);

¹⁰ IDEA Infant Toddler Coordinators Association position paper "Infant Mental Health Approaches and IDEA Part C", p.7, available on line at http://www.ideainfanttoddler.org/ITCA_infant_Mental_Health_7_05.pdf.

¹¹ cite

¹² PL 108-446, section ____.

Public awareness and Child Find (See Section IV);
 Screening, Evaluation and Assessment (See Section V);
 Family Resources Coordination (See Section VI); and
 Services in Home and Community Settings (See Section VII).

The actions that KCDDD will take to address the above areas are included in Section VIII.

Section III. Coordination with other agencies serving children ages birth to three

There are hundreds of agencies serving families with young children in King County. KCDDD continually assesses opportunities for coordination with these agencies, especially those with whom we share clients. Coordination activities include:

KCDDD has an ongoing partnership as the third party administrator with Seattle Public Schools and the Kent School District. Approximately 12 providers receive funding from Seattle Public Schools for 280 to 300 children per month during the school year. This contract has resulted in increased opportunities to collaborate on shared priorities such as Child Find and the transition to school process.

KCDDD contracts with the Kent School District to ensure the provision of funding for children receiving services from one of the providers not contracting directly with the Kent District. This contract has resulted in opportunities to discuss Child Find in South King County and transition.

KCDDD collaborates with United Way of King County's Project SOAR on implementing the Early Childhood and School Readiness Action Agenda (the "Action Agenda")¹³. The Project SOAR Prevention/Early Intervention Action Team, which is a subcommittee of the CICC, is leading efforts on the following Action Agenda goal:

*Prevent problems for children's development. Intervene early if problems arise.
 Children and families most in need of services to help their development get high-quality, affordable and culturally competent services early.*

The Action Team's efforts are focused on building private sector support for early intervention public awareness, early identification of children with delays, as well as increasing the capacity of child care providers to serve children with disabilities.

KCDDD has a working relationship with DSHS Childrens' Administration for referral and tracking of children birth to three involved in a substantiated case of child abuse or neglect. KCDDD, DSHS, and CHAP staff meet regularly to refine the referral process.

KCDDD participates on the Head Start Disability Advisory Committee, the King County Committee to End Homelessness and the Washington Health Foundation's Community Health Access Program Advisory Committee.

¹³ Available on line at: http://www.uwkc.org/ourcommunity/initiatives/children/KCAA02_04.pdf.

KCDDD collaborates with Child Care Resources, Public Health Seattle & King County, Northshore School District and Family and Child Early Support (FACES) North on developing resource packets for child care providers. The FACES group in each of four King County subregions is a consortium of early childhood educators, providers, agencies, funders, school staff and advocates who meet monthly to coordinate efforts to support early childhood education and school readiness.

KCDDD collaborates with local lead agencies in Pierce, Snohomish, and Yakima Counties to provide training for early intervention providers on implementation of natural environments and evidence-based practices.

KCDDD contracts with the ARC of King County to provide parent coordinators as well as a Parent 2 Parent Program. One of the parent coordinators works specifically with parents of infants and toddlers with developmental delays and disabilities.

Coordination Issues:

- 1) It is not clear whether children ages birth to three who are involved in substantiated cases of child abuse or neglect and remain in their family's home are screened and, if appropriate, referred for early intervention evaluation.
- 2) There has not yet been substantive coordination to refer children who are homeless, born premature, affected by illegal substance abuse, or experiencing withdrawal due to prenatal drug exposure for screening and follow up.
- 3) State law requires school districts to provide or contract for early intervention services in partnership with local lead agencies and early intervention providers by September 1, 2009¹⁴. According to ITEIP, KCDDD as local lead agency is to develop agreements with school districts in the county. There are currently no State guidelines for school district expectations as to how much to hold for administrative expenses nor are there guidelines with regard to partnering with local lead agencies. This has created an inequitable situation where children are served who live in a participating school district but the providers do not receive funding from that district.
- 4) The 2005 family survey indicated that few families received information or invitations to participate in meetings, trainings, and/or support groups (See Table 7).

Table 7: Percent of 2005 Family Survey Respondents who reported that they were given information and invited to participate in meetings, trainings, and/or support groups

% of survey respondents who reported that they were given information and invited to participate in...	Type of activity
19%	Community workshops/trainings
3.9%	CICC meetings and activities
19.5%	Dads' support groups
16.6%	Parent to Parent

¹⁴ Laws of 2006, Chapter 269, section 2, codified at RCW 28A.155.

7.2%	Parent Coalitions
15.9%	Parent Trainings
10.7%	Specific Disability Information
2.0%	Washington PAVE
1.3%	Ethnic Outreach Coordinator
2.7%	Other

Source: 2005 ITEIP Parent/Family Survey Results for King County

The actions that KCDDD will take to address the above areas are included in Section VIII.

Section IV. Public Awareness and Child Find

KCDDD's public awareness and Child Find activities include wide distribution of ITEIP public awareness materials¹⁵, numerous presentations to community organizations, child care providers, the medical community, libraries, conferences and participation in local Child Find screening events. These efforts augment ITEIP's Statewide public awareness efforts¹⁶.

The County's early intervention providers accept referrals and conduct screening at no cost to families. A wide variety of screening tools are used including, but not limited to those available on the ITEIP website¹⁷. Screening is performed by primary referral sources such as health care providers and child care providers. If the screening results indicate more in-depth evaluations are appropriate, these referral sources are required to refer to early intervention within two days.

In response to a recommendation from the Action Team, KCDDD contracted with a marketing firm in 2006 to develop local public awareness materials targeted to parents who speak English, Vietnamese, Spanish and Somali. The project includes research about each audience and testing messages and designs with parent focus groups. The materials that will be developed include: interior bus advertisements, brochure and exhibit displays.

Public Awareness and Child Find Issues:

1) KCDDD conducted a series of focus groups in late 2005 to obtain input from parents on early intervention services including public awareness activities. The focus groups identified a concern regarding timeliness of referrals¹⁸. Primary referral sources are not always making referrals to early intervention within two working days after a child has been identified as having a delay. Federal regulations for IDEA Part C identifies primary referral sources as:

- Hospitals, including prenatal and postnatal care facilities;
- Physicians;
- Parents;

¹⁵ "Please Ask , Babies Can't Wait" brochures, "Parent Rights" brochure, "A Family's Guide to Early Intervention Services", "Birth to Six Growth and Development Charts" available on line at <http://www1.dshs.wa.gov/iteip/Publications.html>.

¹⁶ Described in Washington Part C State Performance Plan for 2005-2010, pages 23 and 28.

¹⁷ ITEIP screening tools are available on line at: <http://www1.dshs.wa.gov/iteip/Publications.html>.

¹⁸ King County Developmental Disabilities Division, Report on the Early Intervention Services Focus Groups, February 2006 available on line at <http://www.metrokc.gov/dchs/ddd/publications/Elfocusgroupreport.pdf>.

- Day care programs;
- Local educational agencies;
- Public health facilities;
- Other social service agencies; and
- Other health care providers ¹⁹.

A national survey of pediatricians indicated that over 70% use clinical assessment or other nonstandard methods to screen for developmental delays although clinical assessment alone detects fewer than 30% of children with developmental disabilities. Identification of developmental delay is improved when standardized tools are used rather than informal clinical assessment²⁰. A national survey of pediatricians indicated that 64% practicing general pediatrics believe that an established medical diagnosis is important in deciding whether to refer a child to early intervention²¹. Referral to and eligibility for early intervention does not require a medical diagnosis.

2) King County is behind in meeting State Performance Plan targets for the percentage of children under age one enrolled in early intervention. Over each of the last three years based on a day in time data, King County has served between .29% and .4% of all children under age one who were born in the County (See Table 8). The State Performance Plan establishes a Statewide target of serving .7% of all children under age one in 2007, .8% in 2008 and .97% in 2009²².

Table 8: No. and Percent of King County Children Under Age One in Early Intervention

	12/01/2003	12/01/2004	12/01/2005	First Half 2006 6/30/2006
Children ages 0-1 in King County Early Intervention	75	76	67	83
TOTAL No. of Children in King County Early Intervention	746	838	917	910
Percent of Children in King County Early Intervention who are < age 1	10.1%	9.1%	7.3%	9.1%
Percent of all King County Children < age 1	0.34%	0.33%	0.29%	0.4%

Source: ITEIP Data Management System; The total number of King County Children under age one is 22, 874 per Table 1.

3) The Early Intervention Focus Group Report indicated that many parents find it difficult to obtain information about early intervention when they need it. Issues identified by the focus groups include:

¹⁹ 34 CFR 303.321(d).

²⁰ Sand, Nina, et al, *Pediatricians' Reported Practices Regarding Developmental Screening: Do Guidelines Work? Do they help?*, Pediatrics, July 2005, 116, 1, 174-179.

²¹ Silverstein, M, et al, *Pediatrician Practices Regarding Referral to Early Intervention Services: Is an established diagnosis important?* Ambulatory Pediatrics, March-April 2006, 6, 2, 105-109.

²² Washington Part C State Performance Plan for 2005-2010, p. 27.

- The term “early intervention” was not familiar terminology that families associated with the help they were seeking;
- Information about services was not provided at the time of their child’s diagnosis;
- Parent mentors or guides would have been helpful at the time of their child’s diagnosis to help them navigate through multiple agencies and the early intervention system.

“I wish I had known the resources that are out there.”

Parent in Early Intervention Focus Group

In addition, the results of a 2005 family survey, conducted by ITEIP for King County, indicated that families found it difficult to find out about early intervention services (21% of 240 survey respondents indicated this concern).

4) Public awareness needs to be culturally competent.

The 2005 family survey indicated a need for public awareness information and outreach to be more effective in its outreach to King County’s diverse communities.

The actions that KCDDD will take to address the above areas are included in Section VIII.

Section V. Evaluation and Assessment

Families that are interested in early intervention can contact CHAP, King County’s central point of contact, or alternatively any of the County’s early intervention providers, to arrange for an intake and evaluation to determine eligibility. Early intervention providers accept referrals and conduct evaluations to determine whether a child has a developmental delay²³. The evaluation covers five developmental areas:

- Cognitive - ability to learn and how a child learns
- Physical - ability to move, see and hear
- Communication - ability to understand language and express needs
- Social or emotional - ability to relate with others
- Adaptive skills - ability to dress, eat and take care of themselves

A wide variety of evaluation tools are used including, but not limited to those available on the ITEIP website²⁴. In accordance with ITEIP requirements, an evaluation requires two professional disciplines and two tools.

The providers conduct ongoing assessments of each child while they are enrolled in early intervention services and review their IFSP at least every six months. An assessment is an ongoing collection of information that identifies a child's unique strengths and needs and the

²³ Developmental delay is defined in the State’s Federally Approved Application for Part C Funding, Section IV.A, State Definition of Developmental Delay.

²⁴ ITEIP screening tools are available on line at: <http://www1.dshs.wa.gov/iteip/Publications.html>

services appropriate to meet those needs as well as the resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

Evaluation and Assessment Issues

- 1) The 2006 provider survey results reflect concern that families don't know a child can be evaluated at no cost to the family and that the results of evaluations will be used to make a plan specific to the child and family (60% of the five survey respondents indicated this concern).
- 2) The 2006 family survey results indicate some families do not believe they are being given a choice as to who evaluates their child (71% of 45 survey respondents indicated this concern).

Section VI. Family Resources Coordination

A. How FRCs work with existing agency case managers and coordinators to coordinate services, define roles for families and eliminate duplication of services and multiple family plans
Through conversation and interviews during the IFSP process, the FRC learns about family needs where coordination with other agencies would benefit the family. Examples include insurance company case managers, Public Health Seattle & King County – Children with Special Health Care Needs and Child Care Health case managers, and State DDD case managers. Local FRC training brings together representatives from other service systems to enhance local coordination. In addition, the County's Mental Health, Chemical Abuse and Dependency Services Division offers cross systems training for professionals who work with children.

B. How families are informed of FRC which includes at least two FRC options, one of which is not employed by the agency where the child receives direct services
KCDDD subcontracted early intervention providers inform families that they have a right to a second FRC option.

KCDDD has been conducting quarterly new parent orientations where families are informed that they have a choice of FRC. KCDDD's website also includes information about the choice of FRC.

C. How FRC occurs at an adequate FRC to family ratio
As of August 25, 2006, there are 83 FRCs registered in King County. These individuals together represent 30 full time equivalents, with an average caseload of 32 families. ITEIP's recommended ratio is 1 FTE to 45 families with active IFSPs. This includes comprehensive service coordination as well as data management.

FRC Issues:

- 1) The 2006 family survey results indicate some families do not believe they are being given a choice as to who serves as their FRC (71% of 45 survey respondents indicated this concern).

- 2) FRCs need time to network, build relationships and become familiar with other systems and resources in order to address family needs that involve multiple systems and build on community resources.
- 3) FRCs need multiple and varied ways to receive training and technical assistance.
- 4) KCDDD and the CICC need to continue to assess the demand for bilingual/bicultural FRCs, as well as the capacity of the early intervention system to meet the demand.

The actions that KCDDD will take to address the above areas are included in Section VIII.

Section VII. Early Intervention Services in Home and Community Settings

Washington's Part C State Performance Plan for 2005-2010, submitted to the US Department of Education, included targeted improvement levels to meet the natural environment mandate under Part C of IDEA. In 2005, the King County early intervention service system reported 32.5% of all children received their primary services in compliance with the natural environments mandate (See Table 10) although the State target for 2005 was 50%. In the first half of 2006, the King County system reported 56.6% of all children received primary services in compliance with the natural environments mandate. The State target for December 2006 is 65%. KCDDD's efforts to increase the delivery of early intervention in natural environments include:

- Collaborating with Local Lead Agencies in Pierce, Snohomish, and Yakima Counties on:
 - Developing a shared vision
 - Coordinating training and technical assistance opportunities;
 - Establishing Natural Environments Leadership Teams (NELT) in each county. King County's NELT, consisting of members from the CICC, providers, parents, and KCDDD staff advises KCDDD in the development of guidelines and procedures specific to the implementation of services in natural environments, and training and technical assistance needs;
- Allocating King County DDD millage funds in 2006 in order to provide up to \$10,000 per provider for technical assistance, training or administrative supports needed to assist agencies with the transition from center-based service to services in natural environments;

Home and Community Settings Issues:

1) King County is behind in meeting State Performance Plan targets for services provided at home or in programs designed for typically developing children. As of June 30, 2006, King County early intervention programs served 56.6% of all children in their home or in programs designed for typically developing children (See Table 9). The State Performance Plan establishes a Statewide target of 65% of services provided in the home and programs designed for typically developing children in 2006-07 increasing to 70% in 2007-08 and 80% in 2008-09²⁵.

²⁵ Washington Part C State Performance Plan for 2005-2010 , p.9.

Table 9: Percent of Children Served in King County Early Intervention Programs by Type of Setting

Primary Service Settings	12/01/2003	%	12/01/2004	%	12/01/2005	%	First Half 2006 6/30/2006	%
Program designed for children with developmental delays or disabilities	131	17.6%	224	26.7%	248	27.3%	121	13.3%
Program designed for typically developing children	58	7.7%	75	8.9%	128	14.1%	319	35.2%
Home	314	42.1%	179	21.4%	189	20.8%	194	21.4%
Hospital (inpatient)	0	0%	0	0.0%	0	0.0%	0	0.0%
Residential Facility	1	.1%	0	0.0%	3	0.3%	8	0.9%
Service Provider Location	225	30.2%	359	42.9%	319	35.2%	238	26.2%
Other	17	2.3%	1	.1%	20	2.3%	27	3.0%
TOTAL	746	100.0 %	838	100.0 %	907	100.0%	907	100.0 %
TOTAL in Home or Programs designed for typically developing children	372	50%	254	30.3%	317	35%	513	56.6%

Source: ITEIP Data Management System

2) KCDDD and providers may need to realign budgets, procedures, and staffing to support the increased delivery of services in compliance with natural environments mandates. Each agency will need to plan to increase services based on the individual needs and outcomes of each child and family.

The actions that KCDDD will take to address the above areas are included in Section VIII.

Section VIII. Goals and Strategies

KCDDD will address the issues and gaps described in the EI Plan by pursuing the following goals and strategies.

Goal 1: All parents can easily find out about early intervention and easily access screening and evaluation services

Strategies

- a. Distribute new local public awareness materials and explore additional channels for messaging such as public service announcements.
- b. Develop local public awareness materials targeted to additional immigrant and refugee populations whose primary language is not English.
- c. Increase community awareness of CHAP as central point of entry for early intervention services.
- d. Collaborate with Project SOAR to make screening available through primary referral sources.

Goal 2: All parents have supports to meet their family's unique needs and to participate in system level decision making.

Strategies:

- a. Ensure there are opportunities for all parents to meet other parents, have access to support systems and participate in parent training.
- b. Provide timely information and supports so parents can participate in system level decision making.

Goal 3: Children who are eligible for early intervention are identified as soon as possible *Strategies under Goal 1 also contribute to early identification of children with delays and disabilities.*

Strategies:

- a. Continue to expand outreach to primary referral sources including the medical community, child care providers and school districts.
- b. Increase referrals from other social service providers who serve families and children through a community education campaign and networking with community-based organizations, particularly those that provide:
 - i. emergency shelter, transitional housing, and support services for homeless families;

- ii. services for children born affected by substance abuse or prenatal drug exposure; and
- iii. services for children born prematurely.

Goal 4: Early intervention services will be provided in a culturally competent manner
Strategies under Goal 1 also contribute to cultural competence.

Strategies:

- a. Develop relationships and assess early intervention needs in King County's culturally diverse communities.
- b. Expand collaboration with community-based organizations that serve immigrant and refugee populations.

Goal 5: The King County early intervention system will meet performance targets in the State Part C Performance Plan for 2005-2010.

Strategies:

- a. Increase the number of children under age one enrolled in early intervention by:
 - i. increasing outreach to all primary referral sources; and
 - ii. working in partnership with Project SOAR to implement universal screening in King County.
- b. Increase services provided at home and in programs designed for typically developing children by providing training and technical assistance.
- c. Collaborate with ITEIP, providers and families to develop and implement the State's plan for measuring child and family outcomes

Goal 6: The King County early intervention system will provide services based on scientific research to the extent practicable.

Strategies:

- a. Collaborate with ITEIP, the State Interagency Coordinating Committee, CICC, the Natural Environments Leadership team and others to identify resources relevant to evidence-based practices.

- b. Develop and disseminate to early intervention providers, guidance and resources regarding scientific research and evidence-based practices related to early intervention.

Goal 7: Develop partnerships with all school districts in King County to partner with KCDDD and the early intervention providers to maximize resources available for early intervention services, ensure parent choice and facilitate smooth transitions from early intervention to preschool services.

Strategies:

- a. Develop agreements or contracts with each school district in King County.
- b. Collaborate with school districts, early intervention providers and families on gaps or system improvements.

APPENDIX A**LOCAL EARLY INTERVENTION PROGRAM REVIEW SURVEY****Number of Respondents: 5**

QUESTIONS	YES	NO	DON'T KNOW	COMMENT
1. Local policies have been developed, with family participation, that meet needs of children with delays and disabilities and their families and they are easy to understand.	3	0	2	_____
2. Agencies in our community work together to improve services for children with delays and disabilities, birth to three and their families.	5	0	0	_____
3. People in local communities are informed about funding sources for Part C and funding information is easily accessible to families.	1	2	2	See attached.
4. People in local communities know who Family Resources Coordinators are.	1	2	2	See attached.
5. Families know how to get screening for their children when needed.	3	2	0	See attached.
6. People in local communities know or are aware of planning efforts to improve services to families.	2	1	2	_____
7. Families are informed of their rights, allowed to select services they think are right for their child, and receive copies of reports about their child.	5	0	0	_____
8. Problems are resolved quickly when necessary.	4	0	1	_____
9. Providers in local community are aware of ethnic and cultural representation and hire and keep qualified and well trained staff to provide services to children with delays and disabilities and their families.	4	0	1	_____
10. In our community, people know that a child can be evaluated by qualified people at no cost to the family, and the results of the evaluations will be used to make a plan specific to the child and family.	1	3	1	See attached.
11. In our community, people know that an Individualized Family Service Plan (IFSP) is developed after a child is determined eligible for services and that IFSP includes families' wishes, priorities, and child's needs.	1	3	1	See attached.
12. In our community early intervention services are provided in natural environments.	2	2	1	See attached.

ADDITIONAL QUESTIONS / RESPONSES

1. Do the answers you expressed here represent experiences of other service providers that you know of?

Yes.

I do think this is an accurate awareness of all the intervention programs in King County. The agencies in King County work well together and share information about programs.

The questions were very difficult. I believe that other providers may have other experiences. The population that we serve is totally unaware of early intervention until they get into services with Childhaven or have a caseworker with DSHS who is aware.

No

Yes, I believe so.

2. What do you like most about your Early Intervention Program?

Our Early Intervention Program has active family involvement. We provide resources to families. Services are provided by well trained staff who communicate well with other providers.

Flexibility on how families needs are met.

The network of providers is dedicated to serving families and children in the best possible way.

It is comprehensive and offers appropriate intensity and duration.

There is a centralized agency in the County to answer questions and to provide resources for support.

Trainings are offered such as Robin McWilliams to enrich programs.

New partnership with school districts have increased communication and assisted with transitions.

The opportunity to help parents grow into good advocates for their families and children.

Encompass runs a very family centered program. We provide great wrap-around services for all our families. We offer all services in home, and work very closely with each family to address all concerns and priorities. We contract with Bi-lingual Speech Therapist who provides speech therapy for Spanish speaking families and interprets or co-treats for all other disciplines involved with these families.

3. What would you change about your local Early Intervention Program?

We are in the process of huge changes.

Reduce the paperwork around Part C.

Not sure but maybe more connection with DDD in DSHS. Maybe that would cut down on paperwork-another frequent concern.

Each program follows the natural environment characteristics in a different way. I think sometimes it is hard for families to transfer from one Birth to Three agency in the county to another, because the programs look and feel very different.

Provide more time for FRCs help develop family statements.

ADDITIONAL COMMENTS

Question #1

We need to keep working on this.

I am assuming this questions is regarding policies developed on a county level.

Question #2

We could improve this.

Question #3

The community is not aware of what funding is for Part C. It is not simple for families that are in the Part C services. There are different funding sources for different families. It is not clean and easy to follow.

Families in our Birth to Three Program are aware of funding sources for Part C, but I don't think that the community as a whole is aware of funding sources.

Question #4

Families in the Part C system are aware of what FRCs are, but people in the local community do not know what an FRC is.

Families in our Birth to Three Program know who Family Resource Coordinators are, but I don't think that others in the community know who they are.

Question #5

Some families that are able to navigate the system and look are able to find out how to get services, families where English is the second language are not. Still 95% of the families we see are referred by doctors. When families have concerns about their child they typically are going through their doctors.

Some families are aware that they can call Encompass for a screening because they have heard about us through friends or family.

Sometimes.

Question #6

There is becoming more awareness about services offered for children birth to 3 without disabilities and how important early intervention is, which in turn brings more attention to all children, including children with disabilities.

Question #9

Most of the time.

Questions #10-12

People in the general community are not aware of evaluation processes, IFSPs and what they are or how services are delivered. The families that are involved in services for children with disabilities are aware of these procedures and paperwork.

Question #10

Parents often self-refer for an evaluation, but I still feel that there are a lot of families unaware that they could call Encompass for an evaluation at no cost to them.

Question #11

All families involved with the Birth to Three Program are aware of this, but I don't think that the community members as a whole are aware of the IFSP process.

Question #12

Sometimes

APPENDIX B

2006 ITEIP Parent/Family Survey Responses	1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly Agree	Left Blank	Total Surveys Returned	Ave Score
REFERRAL							
In the beginning, it was easy to find out about services available for my child	3	3	20	17	2	45	3.19
In the beginning, someone was available to listen to my concerns and questions	2	3	22	16	2	45	3.21
Someone explained my rights to early intervention services	2	5	18	19	1	45	3.23
Overall, my first contacts with services were helpful	2	1	18	23	1	45	3.41
FAMILY RESOURCE COORDINATION							
I know who my FRC is.	0	1	13	31	0	45	3.67
I was given a choice who my FRC would be.	11	21	8	5	0	45	2.16
My FRC is well-informed and helpful.	1	0	15	29	0	45	3.60
I get enough help from my FRC in coordinating the services	1	1	16	27	0	45	3.53
My FRC respects my family's cultural heritage.	0	1	17	26	1	45	3.57
Overall, my FRC has made things easier for me.	1	1	16	25	2	45	3.51
EVALUATION							
My child was evaluated as quickly as I expected.	0	3	17	25	0	45	3.49
I was given enough choice as to who would evaluate my child.	5	15	13	11	1	45	2.68
I was offered evaluation in all developmental areas.	1	2	16	24	2	45	3.47
I had a choice about the date, time and locations of most evaluations.	0	0	26	18	1	45	3.41
Overall, the evaluation process was helpful.	0	0	22	22	1	45	3.50
IFSP (INDIVIDUALIZED FAMILY SERVICE PLAN)							
Someone clearly described the IFSP process and the IFSP meeting to me.	0	2	21	21	1	45	3.43
It was clear to me that I could decide who would attend my child's IFSP meeting	2	6	19	16	2	45	3.14
My concerns and priorities were the most important part of the meeting.	0	2	22	20	1	45	3.41
I was given choices about services for my child and family.	0	5	23	16	1	45	3.25
I was given choices (if available) about where my child and family could get services.	0	5	25	14	1	45	3.20
TRANSITION							
I was told ahead of time that services would change for my child at age 3.	0	0	14	28	3	45	3.67
I was given information about what choices are available for my child after age 3	1	1	19	20	4	45	3.41
My 0-3 service providers and the 3 to 5 service providers worked well together to plan for new services	1	4	14	14	12	45	3.24
Overall, the transition process went smoothly.	1	2	15	16	11	45	3.35
COUNTY INTERAGENCY COORDINATING COUNCIL							
I know about the CICC in my area	20	15	7	1	2	45	1.74
I am invited to take part in the CICC meetings in my area.	18	14	6	3	4	45	1.85
Total Number Returned:						45	